

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTION AND HEALTH PROMOTION ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
PRE-PROPOSAL CONFERENCE
SOLICITATION NO. DHMH/OPASS 16-15886

MARYLAND PERINATAL SUPPORT PROGRAM

TUESDAY, MARCH 1, 2016, 10:00 A.M.

Department of Health & Mental Hygiene
201 West Preston Street, Room L3
Baltimore, Maryland 21201

PRESENT FROM MARYLAND:

QUEEN DAVIS, Procurement Officer
S. LEE WOODS
ILISA D. MARRAAZZO
VERN SHIRD
MOLLY LEGRAND

ALSO PRESENT:

CHRIS HARMON
SUSAN COX
JANYNE ALTHAUS

REPORTED BY: CHRIS HOFER, Notary Public

1 P R O C E E D I N G S

2 MS. DAVIS: Good morning, everybody.

3 (Indiscernible) to the pre-proposal conference for the
4 RFP for Solicitation No. M00 -- I'm sorry, for
5 Solicitation No. DHMH/OPASS No. 16-15886, Maryland
6 Perinatal Support Program.

7 If you haven't already done so, please
8 (indiscernible) if you would sign in on the sign-in
9 sheet. And if you have business cards, there is a jar
10 up there to put your business cards so that if we have
11 need to contact you, we will be able to do so easily.
12 We'll have all of your information available.

13 I am here to give you an overview of the
14 procurement process for this procurement. Afterwards,
15 the Program will give you an overview of the
16 programmatic portion of this solicitation. But before
17 we do that, I would like to introduce everyone starting
18 with the gentleman on the side, Vern Shird.

19 MR. SHIRD: I'm Vern Shird, the chief
20 operating officer for PHPA.

21 MS. FERGUS: My name is Michelle Fergus, I'm

1 the procurement supervisor for PHPA.

2 MS. DAVIS: And my name is Queen Davis, I am
3 procurement officer and contract officer for this
4 project.

5 DR. WOODS: Lee Woods, medical director
6 Maternal Child Health Bureau.

7 MS. MARRAZZO: Ilise Marrazzo, Maternal and
8 Child Health Care Director in the Prevention and Health
9 Promotion Administration.

10 MS. LEGRAND: My name is Molly LeGrand, I'm
11 working with Dr. Woods for the legislative session.

12 MS. COX: I'm Susan Cox, I'm the University
13 of Maryland and the grant financial coordinator for our
14 department (indiscernible).

15 MR. HARMAN: Hi, I'm Chris Harman, MFM, and
16 I'm the head of Obstetrics and Gynecology at Maryland.

17 MS. ALTHAUS: Janyne Althaus, MFM, and I'm
18 the perinatal outreach director for John's Hopkins.

19 MS. DAVIS: Thank you all for that. As I
20 said, I'm going to give a brief overview of the
21 procurement process -- process, afterwards the Program

1 will give you an overview of the programmatic
2 requirements of the solicitation. After the Program
3 has completed their overview, you will have the
4 opportunity to answer questions.

5 If you have sent questions to us prior to
6 this pre-proposal conference, they will be answered and
7 posted with the amendments. If you have a question for
8 us, I would like for you to first announce your name,
9 and where you're from, and then you can state your
10 question. So that the gentleman can hear you, please
11 be kind of loud and clear. Any information, I'd
12 appreciate that, so. And let's get started. I would
13 ask that you to carefully review Section 1 of the
14 General Information, beginning on page 7 of the RFP.

15 As noted, DHMH Maternal Child Health Bureau
16 is issuing this request for proposal to provide
17 perinatology -- which is maternal-fetal medicine
18 consultation, education and technical assistance, as
19 well as nursing outreach and education to Level I and
20 II hospitals, community health centers, and local
21 obstetrical care providers in all regions of Maryland.

1 Consultation and other assistance will be
2 provided on-site at hospitals, clinics, or offices.
3 Offerors must be a Perinatology Program within an
4 academic medical center that has accredited training
5 programs in both medicine and nursing.

6 This RFP does have minimum requirements.
7 Minimum requirements can be found on page 23 of the
8 RFP. And there are two listed. I will read them out
9 to you.

10 2.1.1 states, "The Offeror shall have the
11 Department of Obstetrics and Gynecology" -- you can
12 tell I'm not a doctor -- "and Gynecology with expertise
13 in maternal-fetal medicine. The Department of
14 Obstetrics and Gynecology shall be within a hospital or
15 medical center that meets criteria as a Level IV
16 perinatal center as outlined in the Maryland Perinatal
17 System Standards, dated June 2014, revision available.
18 And the website is listed in the Minimum Qualifications
19 section."

20 "As proof of meeting this requirement, the
21 Offeror shall provide with its proposal a designation

1 letter from a State agency documenting current
2 designation as a Level IV perinatal center. If such
3 designation is not available in the Offeror's state,
4 the Offeror shall provide a detailed description of
5 services and staffing within the Offeror's facility,
6 evidencing that it meets each item outline in the
7 Maryland Perinatal System Standards for Level IV
8 hospitals."

9 The second minimum qualification states, "The
10 Offeror shall be within an academic institution with
11 their School of Medicine accredited by the Liaison
12 Committee on Medical Education, of the American Medical
13 Association, and the Association of American Medical
14 Colleges, and a School of Nursing accredited by the
15 Commission on Collegiate Nursing Education. As proof
16 of meeting this requirement, the Offeror shall provide
17 with its proposal documentation of current
18 accreditation of both schools." And as I stated, that
19 information is listed on page 23 of the RFP.

20 The RFP and all subsequent documentation
21 regarding solicitation will be posted and is posted on

1 eMarylandMarketplace, and you know Marketplace website
2 is linked and the RFP is Section 1.8, and on DHMH's
3 website. And DHMH's website is also in Section 1.8 of
4 this RFP.

5 Carefully review Subsection 1.9. That is the
6 Questions Section, and it tells you how to submit
7 questions subsequent to this pre-proposal conference.
8 They also let you know that questions shall be
9 submitted via email to -- which is -- which is listed
10 also in Section 1.8.

11 Questions should be submitted no later than
12 five days prior to the proposal due date. And the
13 Procurement Officer, based on the availability of time
14 to research and communicate an answer, shall decide
15 whether an answer can be given before the proposal due
16 date. So try to get your questions to us as soon as
17 possible.

18 The duration of the contract will be for a
19 period of time from contract commencement to the
20 allotted date -- and that's the start of time plus five
21 years from the allotted date -- for the provision of

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1 all services required by the contract and the
2 requirements of this solicitation.

3 Points I want to emphasize is the Scope of
4 Work Section 3, and it begins on page 30. Carefully
5 review this section to get to a full understanding of
6 the requirements of this request for proposal. The
7 procurement method for this solicitation is
8 competitive-sealed proposal. Offerors are required to
9 submit their responses to this RFP in two parts.

10 Section 4 is the proposal format, and that
11 begins on page 34, I believe. Clearly list all
12 submission requirements. And your proposal shall be
13 submitted in separate volumes. Volume I is the
14 Technical Proposal. (Inaudible) be in a separately
15 sealed envelope. Volume II is the financial proposal.
16 That also be -- should be in separately sealed
17 envelope.

18 Section 4.4 is the Volume I Section of the
19 Technical Proposal, and it lists all of the
20 documentation and information required with the
21 Technical Proposal. Give special attention to

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1 Subsection 4.4.2, Additional Required Technical
2 Submissions.

3 There is no MBE participation of those
4 establish for this procurement. Just so you know, that
5 section probably lists things that shouldn't (phonetic)
6 be submitted regarding MBE or EBI. Have any MBE, VSBE,
7 or SBR designations for this procurement.

8 MS. WOODS: Excuse me, define those terms.

9 MS. DAVIS: Well MBE is the Minority Business
10 Enterprise. Are you aware of the Minority Business
11 Enterprise? VSBE is the Veteran Small Business
12 Enterprise. And the SBR is the Small Business Reserve.
13 So this has not been designated as a Small Business
14 Reserve program.

15 The following number of technical proposals
16 are required. And I have listed one unbound original;
17 six unbound copies; one electronic burned in a CD
18 Microsoft format; and a second electronic version in
19 surgical PDF format; and that's for the Public
20 Information Act.

21 That format should have all information that

1 you consider proprietary and it should be redacted so
2 that if someone asks for a copy of your proposal, if
3 you do decide to submit a proposal, you can give them
4 that version as long as we agree as well that all the
5 information in there is confidential and proprietary.

6 Within five days of being notified of its
7 recommendation for award, the Offeror must complete and
8 submit the contract affidavit set forth in Attachment
9 C. If there is a question of who your resident agent
10 is, please call the State's Corporate Charter Division
11 at (410) 767-1330, and their office is located at 301
12 West Preston Street. Please note that the contract
13 shall not become effective until the contract affidavit
14 is signed and returned after official notification.
15 And that information is also listed in Section 4.4.

16 To certify the submission, Subsection 4.4.3,
17 the Offeror Technical Response to the RFP, prior shows
18 where documents and information should be placed in
19 your technical proposal.

20 Section 4.5 is Volume II, Information for
21 Your Financial Proposal Submission. Please carefully

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1 review this section regarding the number of copies.
2 That's one original unbound copy; six unbound copies;
3 and one electronic version also in Microsoft Word of
4 the financial proposal is required. The financial
5 proposal instructions and the financial proposal form
6 is found in Attachment F of this RFP.

7 Section 5 is the Evaluation, Criteria, and
8 Selection Procedure. And that information is outlined
9 starting with Subsection 5.1 beginning on page 38 of
10 the RFP. Your proposals will be evaluated by a
11 committee organized for that purpose and will be based
12 on the criteria set forth in this RFP.

13 The technical criteria listed in descending
14 order of importance can be found in Subsection 5.2, and
15 that's beginning on page 38. And the financial
16 criteria is listed in Subsection 5.3, and that begins
17 on page 39. The selection procedure for this RFP --
18 for the award is highlighted in Subsection 5.5 on page
19 39 as well.

20 As noted, the Procurement Officer will
21 recommend award of this contract to the responsible

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1 Offeror that submitted the proposal determined to be
2 the most advantageous to the State and making this most
3 advantageous proposal determination, technical factors
4 will receive equal weight with financial factors.

5 Other than proposing your technical and
6 financial proposals, the most important matter for you
7 to remember is getting your proposal to us on time,
8 prior to the date and time listed in the proposal.

9 Your proposals are due no later than Monday,
10 April the 4th, 2016, at 2:00 p.m. local time. The
11 address for receipt of proposals are list -- is listed
12 on the Key Information Summary page which is page iii.
13 No proposals will be accepted after 2:00 p.m., Monday,
14 April the 4th, 26 p.m. -- 2016, I'm sorry. It's a lot
15 of talking.

16 Please address your proposal packets to the
17 address listed in the Key Information Summary sheet.
18 There are three acceptable means for delivering a
19 proposal, and that information is listed in Subsection
20 4.3, Delivery of the RFP. And I will list those
21 section -- those delivery means for you.

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1 Number one is U.S. Postal service. Please
2 make sure that you -- if you're sending it through the
3 U.S. Postal service, that you mail your proposal so
4 that it will reach us in time.

5 You can have it hand-delivered by a Offeror.
6 And ask to have your Offeror, or your person that's
7 delivering it from the company, ask for a receipt from
8 someone in the Procurement Office and make sure that
9 they write their name, the time they received it, and
10 the date.

11 And you can have it hand-delivered by a
12 commercial carrier. Please have your commercial
13 carrier ask for a receipt with the time, the name of
14 the person that accepts the proposal, and the date it
15 is received.

16 And now I will turn it over to Ms. Woods --
17 Dr. Woods, who will give you a overview of the
18 programmatic portion of it, and afterwards we'll open
19 it up for questions.

20 DR. WOODS: Okay. Thank you.

21 MS. DAVIS: You're welcome.

1 DR. WOODS: Well, I think you've heard some
2 of the summary of the proposal. Basically, this is a
3 request for proposals to provide high-risk obstetric
4 perinatology and nursing outreach to the Level I and II
5 hospitals in the state as well as community health
6 centers, potentially local health departments,
7 organizations that don't have the expertise that is in
8 a perinatology program at an academic medical center.

9 The specific requirements, you heard some of
10 the minimum requirements of the organization which is
11 an academic medical center that meets the Maryland
12 Level IV standards. It also has an active and
13 accredited school of nursing and as well as medicine,
14 so that there's not only expertise in clinical but also
15 in the education.

16 So the purpose, again, is outreach technical
17 support to the hospitals and other organizations
18 throughout the state with an emphasis on the more rural
19 parts of the state. Meaning western Maryland, southern
20 Maryland, and the Eastern Shore.

21 And if you have a copy, there are -- the

1 scope of work is -- in mine, it starts on page 24 --
2 but there are specifics about number of activities
3 including a minimum of four in-person physician
4 outreach activities per month with a minimum of two
5 each quarter occurring in each of the rural areas
6 mentioned in this state.

7 There's also a requirement for a minimum of
8 12 in-person nursing outreach activities per year, or
9 three per quarter. And there is, again, some
10 flexibility built in here. First of all, what those
11 activities will be, which partly should be driven --
12 and I think it's discussed in here -- by the receiving
13 hospitals and organizations.

14 So what their needs are. Whether that might
15 be a review of ultrasound reading, or grand rounds, or
16 various things that are, again, listed here is
17 possibilities but not the only -- the only
18 possibilities for this outreach and technical support.

19 Also, a little bit of flexibility within
20 terms of the number of events or outreach activities
21 that would take place, understanding fully that there

1 may be times when travel to certain regions is not
2 possible or when there are specific requests that might
3 -- certain timing to meet them. But the minimum number
4 per year will be -- will be required.

5 I don't know if I have anything too much more
6 to say. I think it's very specific. Again, the
7 activities are to be on-site at the requesting hospital
8 or other organization. Ilise, do you have anything to
9 say or?

10 MS. MARRAZZO: No, I think that -- it's very
11 -- the article is very (indiscernible). So, questions
12 if they have any? I don't know, maybe you should turn
13 it back to Queen.

14 MS. DAVIS: Do anyone have any questions for
15 us?

16 MR. HARMAN: Yes. Chris Harman, University
17 of Maryland. So is the intent of the Program to cover
18 the state, or to provide services on a regional basis,
19 or a basis indicated by highest risk, or most
20 transports? I mean, what should we use as an indicator
21 to propose to you various sites?

1 DR. WOODS: Well, I think it is to outreach
2 to all sections of the state. So that it's not just
3 individual hospitals or limited to one area but rather
4 to all the Level I and II hospitals that don't have the
5 educational opportunities, that don't have the
6 expertise that the Level IV hospitals provide.

7 MR. HARMAN: So is it the intent of the
8 proposal that the selected program will cover all -- I
9 think there's 18 places, not necessarily all hospitals
10 but -- so that all of those places will be visited?
11 That's clearly way above the minimum required by the
12 proposal.

13 DR. WOODS: Well, I think the hope is that as
14 many as possible would be reached. Especially the
15 Level I and II hospitals.

16 MR. HARMAN: Sure. Can you tell us a little
17 bit about the -- there's a mechanism here for you to
18 approve the sites. Is that -- is it -- the way I read
19 it, it's not really clear whether we're to dialog with
20 you before the proposal is finally submitted to make
21 sure our list of proposed sites is in agreement with

1 your criteria or we just propose them and find out
2 later. I'm not clear on that.

3 MS. DAVIS: I think that that's part of your
4 technical submission to us, your proposal to us, what
5 you propose to do according to the requirements and
6 then you will be evaluated based on what you submit. I
7 can certainly not speak for --

8 DR. WOODS: I think that's put in that there
9 would be a dialog as to --

10 MS. DAVIS: Yeah.

11 DR. WOODS: -- what places are --

12 MR. HARMAN: Oh, that's exactly what I
13 understood. I guess I'm just -- should the dialog
14 start as part of the proposal process or after the
15 program is selected and then --

16 DR. WOODS: No, I think after --

17 MR. HARMAN: -- then you're going to dialog
18 with that --

19 MS. DAVIS: After.

20 DR. WOODS: Yeah, after.

21 MR. HARMAN: -- after?

1 MS. DAVIS: After you're selected.

2 DR. WOODS: After the proposal is provided.
3 So, for example, if there's only -- you know, if you're
4 proposing to go to a specific set of hospitals or
5 something, but we feel there's need, or we've heard
6 there's need in another place, we might suggest that
7 you also contact this other hospital, or this other
8 community health center, or something like that. So I
9 think there's, you know, again, some flexibility in
10 dialog in the process, yeah.

11 MS. ALTHAUS: Hi, Janyne Althaus, John's
12 Hopkins. Are there any specific parameters or metrics
13 that the State will be following for these proposals?
14 Like, is the State hoping to reduce a certain outcome,
15 increase a certain outcome, or something specific that
16 the State would like to see enhanced or improved as a
17 result of this program?

18 DR. WOODS: Well, we'd love to see our, you
19 know, birth outcomes improve. I mean, that's a pretty
20 lofty goal, but I think this is certainly one component
21 of improving the system and care in Maryland; to

1 provide this kind of outreach and support to the
2 hospitals that don't have it.

3 MS. ALTHAUS: I guess when there's only a few
4 of us (inaudible). John's Hopkins -- Janyne Althaus
5 from John's Hopkins. Are you anticipating only funding
6 one site or do you envision that there may be three or
7 four proposals from three or four different sites that
8 you will fund?

9 DR. WOODS: I think the intent here was to
10 fund one program.

11 MS. MARRAZZO: That does not preclude
12 partnerships within the actual proposal, though.

13 MR. HARMAN: So that -- that was going to be
14 my next question. Do I have to keep saying who I am?

15 (Multiple people speaking.)

16 MR. HARMAN: So, this proposal comes as the
17 heir and successor of the MAPs program, at least
18 conceptually, whether actually is I think the
19 leadership of the Program is very clear that this is a
20 definite difference from the MAPs program. I mean,
21 we're not doing that again, but that was a partnership

1 between the two academic centers.

2 And is the proposal adverse to receiving a
3 team work approach as long as the whole objective of
4 covering the state is achieved? Because I imagine
5 there'll be places where we would go where it might be
6 less geographically logical for you to go and that sort
7 of thing. So if the proposal covered the whole state
8 by virtue of both units collaborating, would that be an
9 acceptable proposal?

10 MS. DAVIS: Your proposal will be based on
11 what content you have in there and what is best for the
12 State. They can't tell you exactly how you should
13 propose, how you're going to do what is required. But
14 what you think is the best proposed for the state of
15 Maryland and the specifics of the requirements. They
16 can't actually tell you how you should collaborate or
17 not.

18 MR. HARMAN: All right. I guess I was asking
19 -- maybe a slightly more pointed question, is there a
20 rule against that?

21 MS. MARRAZZO: So as I said here, the

1 contract doesn't preclude collaboration or a
2 partnership with outside organizations.

3 DR. WOODS: Okay.

4 MR. SHIRD: Ultimately, whoever is awarded
5 the contract, they are going to be responsible for the
6 scope of work and to deliverable?

7 MS. DAVIS: And your collaboration will be
8 with you and whoever you partner --

9 MR. HARMAN: Sure.

10 MS. DAVIS: -- (indiscernible) state of
11 Maryland.

12 MR. HARMAN: Yes, I understand. There's
13 nothing mentioned about the financial scope in the
14 documents. Do you have an idea?

15 MS. DAVIS: You mean a budget? Well, I don't
16 -- we don't have a budget. They want you to tell them
17 what you think is fair or what you think that it would
18 cost -- not fair, but you think the cost would be.
19 They have not actually put out a budget for it.

20 MR. HARMAN: Are you -- are you willing to
21 share like a range, an order of magnitude? I mean --

1 MS. DAVIS: No, sir, we're not.

2 MR. HARMAN: Okay. Honestly, that, you know,
3 when you get an RFP for -- for the provision of road
4 surfacing, that's going to be a certain weight, a
5 certain grade, a certain durability, and so on, which
6 the contractor can estimate.

7 If you're asking us to provide a water-tight
8 educational system for the State of Maryland to deal
9 with all perinatal programs, that could include having
10 daily rounds, visits every week, a really deluxe system
11 that's actually excessive for their needs, or it could
12 be a variable thing that just meets the minimum
13 criteria, and then it's our guess as to what the intent
14 is in terms of the overall coverage.

15 I understand the spirit of the directive, I
16 believe I understand that really well, but if we're to
17 propose, as I mentioned, according to our tally there's
18 about 18 sites that would qualify under the -- our
19 criteria that we've listed. If we're to visit all
20 those 18 sites every month, that's one thing. If we're
21 to hit them four times a year, that's a completely

1 different thing. And we wouldn't -- from Maryland, and
2 I presume if we're going to be part of a consortium,
3 the consortium wouldn't want to either under guess or
4 over guess what your intent is. So --

5 MS. DAVIS: I think the intent --

6 MR. HARMAN: -- a hint would be good.

7 MS. DAVIS: Well, we don't even have a hint
8 for you, and I apologize for that. But I think what
9 the Program is looking for is for the Offeror to tell
10 us what you think would be the best for the State.

11 They've given you the minimum bare bones, they're going
12 to rate your proposal based on what you're proposing
13 and what you're charging for what you're proposing.

14 And if you exceed the bare minimum and your
15 price in your proposal is -- appears to be the best for
16 the State, then that's how they will select it. But if
17 you are offering more than what's in here, or offering
18 more than the bare minimum what you think you can do,
19 and then your price seems to be in -- conforming to
20 what you think you can do, then that will be based on
21 the best and advantageous for the State.

1 But we can't actually give you a budget or a
2 dollar amount with where we are right now. You know,
3 we expect that to come from you based on what you're
4 proposing and what you think it would cost to do the
5 job.

6 MR. HARMAN: Can I ask another question then
7 about the reporting and regulation of the Program?

8 MS. DAVIS: Sure.

9 MR. HARMAN: Quarterly reports are required.
10 Can you tell us what is going to be the turn-around
11 time if, for example, the quarterly report illustrates
12 a major deficit or a site that you now realize should
13 have been on our list is to be added, would there be
14 quarterly dialog with the supervisors of the Program or
15 will that be as needed? How will that go?

16 DR. WOODS: See. I'm trying to think whether
17 quarterly meetings in here. But I would assume we
18 would at least have quarterly dialog. And, again, as
19 needed. It's not going to be every week, but, you
20 know, if an issue or question comes up, that there'd be
21 open dialog.

1 MR. HARMAN: Okay.

2 MS. DAVIS: And actually 3.2.3.4 says
3 quarterly meetings in person or by teleconference.

4 MR. HARMAN: Yeah. I guess I was thinking of
5 sort of corrective action, especially in the first
6 several months when its realized that a major source of
7 problems and complications is -- instead of peninsula
8 and regional, it's actually the FQHC in (indiscernible)
9 that we should shift our attention, as a for instance.
10 That would be a thing that you wouldn't necessarily
11 want to wait 'til the next quarterly meeting, you'd
12 want to be having corrective --

13 DR. WOODS: Right.

14 MR. HARMAN: -- adjustments (indiscernible).
15 So the dialog would be directly between yourself, Dr.
16 Woods, and the Program; is that --

17 MS. DAVIS: Yeah. The program manager --

18 MR. HARMAN: -- accurate?

19 MS. DAVIS: -- and -- yes.

20 MR. HARMAN: So that -- I mean, I guess I'm
21 asking for a hands-on kind of relationship --

1 MS. DAVIS: Absolutely.

2 MR. HARMAN: -- in order that the Program
3 function at its maximum level.

4 DR. WOODS: Right. Absolutely.

5 MS. DAVIS: You should have access to the
6 Program Manager at any time you think there's an issue.

7 MR. HARMAN: Thank you. Those are our
8 questions.

9 MS. DAVIS: (Indiscernible).

10 MS. ALTHAUS: One more question. Given that
11 this is the successor to the MAPs, or is seen in that
12 way, is there anything different, or enhanced, or
13 distinct from that you would like to see incorporated
14 in this that would be different from what has been seen
15 in the past?

16 DR. WOODS: Well, I think the -- probably the
17 main difference is that we are asking for on-site
18 outreach to the other institutions. And also including
19 more commonly the FQHCs, or the community health
20 clinics, because those are places that provide
21 obstetric care and certainly don't have the extensive

1 resources of a university.

2 MR. HARMAN: So would you require the nursing

3 --

4 MS. DAVIS: Right. That also would --

5 MR. HARMAN: -- the nursing provision is --

6 they're much more distinct than what --

7 DR. WOODS: Right.

8 MR. HARMAN: -- we've had previously.

9 DR. WOODS: Right. And -- yes, I mean,
10 that's what the (indiscernible).

11 MR. HARMAN: (Indiscernible).

12 DR. WOODS: Yes. There's a clear nursing
13 role and there would be a nursing director in the
14 Program as well.

15 MS. MARRAZZO: And that's really driven from
16 our experiences with the Maryland (indiscernible)
17 Center and (indiscernible).

18 MR. HARMAN: Do you have questions you want
19 to ask us?

20 MS. DAVIS: If you don't have any more
21 questions, and if you do have some later on you can

1 certainly send them to that email address that's listed
2 here, and we'll respond as quickly as possible. We
3 thank you all for coming. And we look forward to
4 hearing from you.

5 MR. HARMAN: Thank you.

6 DR. WOODS: Thank you.

7 MS. DAVIS: Thank you.

8 (Whereupon, the conference was adjourned.)

CERTIFICATE OF NOTARY

I, CHRIS HOFER, the officer before whom the foregoing testimony was taken, do hereby certify that the witness whose testimony appears in the foregoing transcript was duly sworn by me; that the testimony of said witness was taken by me by stenomask means and thereafter reduced to typewriting by me or under my direction; that said testimony is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this testimony is taken; and, further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

This certification is expressly withdrawn and denied upon the disassembly or photocopying of the foregoing transcript of the proceedings or any part thereof, including exhibits, unless said disassembly or photocopying is done by the undersigned court reporter and/or under the auspices of Hunt Reporting Company, and the signature and original seal is attached thereto.

CHRIS HOFER
Notary Public in and for
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